

Wisconsin Department of Regulation & Licensing

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Madison, WI 53703
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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR TRANSFER OF CEMETERY SALESPERSON REGISTRATION

TYPE OR PRINT IN INK

SECTION A: TO BE COMPLETED BY APPLICANT

ENTER YOUR LAST NAME,
FIRST NAME, MIDDLE INITIAL _____

ENTER THE ADDRESS AT WHICH
YOU RESIDE.

A POST OFFICE BOX ALONE IS NOT
SUFFICIENT FOR LICENSING

Number Street Apartment Number

City State Zip Code

DATE OF BIRTH

month day year

DAYTIME TELEPHONE NUMBER

()

ENTER YOUR SALESPERSON
REGISTRATION NUMBER

APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of

_____, _____

Signature of Notary Public (Seal)

Date Commission
Expires

For Receipting Use Only

APPLICATION FEE: Please make check payable to Department of
Regulation and Licensing and attach to this application.

☐ \$10.00 Fee

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SECTION B: MARK AN X IN THE APPROPRIATE BOX AND COMPLETE BLANK, IF APPLICABLE:

Reason for completing this form:

- ☐ I am transferring from the employment of _____
to the cemetery authority listed below.
- ☐ I will work for more than one employing cemetery authority and the cemetery authority listed below
is in addition to the employing cemetery authority or authorities in the department already has on
record.

SECTION C: TO BE COMPLETED BY PROSPECTIVE EMPLOYING CEMETERY AUTHORITY

ENTER NAME OF EMPLOYING
CEMETERY AUTHORITY EXACTLY AS
IT APPEARS ON THE EMPLOYER'S
REGISTRATION CERTIFICATE.

OFFICE USE ONLY

ENTER THE REGISTRATION NUMBER
OF THE EMPLOYING CEMETERY
AUTHORITY NAMED ABOVE.

ENTER MAIN OFFICE TELEPHONE NUMBER ()

ENTER THE BUSINESS ADDRESS OF
THE MAIN OFFICE OF THE
EMPLOYING CEMETERY AUTHORITY

Number

Street

City

State

Zip Code

This statement must be signed by a corporate officer of the employing Cemetery Authority.

This is to certify that I will assume responsibility for the applicant pursuant to the Department rules.

Last

First

Initial

Title

Signature

Date
